

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214529848			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ALEXANDRIA SEAPORT FOUNDATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DUNCAN W BLAIR 524 KING ST ALEXANDRIA, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2014</p> <p>SCC ID NO: 02317212</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 25036</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ALEXANDRIA, VA 22313</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CHARLES W BALLOU TITLE: TREASURER ADDRESS: 2112 WAKEFIELD COURT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHARLES W BALLOU TITLE: TREASURER ADDRESS: 2112 WAKEFIELD COURT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KELLI BACK TITLE: SECRETARY ADDRESS: 417 EARL ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KELLI BACK TITLE: SECRETARY ADDRESS: 417 EARL ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KELLI BACK TITLE: SECRETARY ADDRESS: 417 EARL ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MARI LOU LIVINGOOD TITLE: EXEC.DIRECTOR ADDRESS: 2202 FOREST HILL ROAD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARI LOU LIVINGOOD TITLE: EXEC.DIRECTOR ADDRESS: 2202 FOREST HILL ROAD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: TOM TUTTLE TITLE: ASST SECRETARY ADDRESS: 110 WEST MONROE AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22301 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TOM TUTTLE TITLE: ASST SECRETARY ADDRESS: 110 WEST MONROE AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22301	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TOM TUTTLE TITLE: ASST SECRETARY ADDRESS: 110 WEST MONROE AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22301	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CANDACE E CLARY TITLE: DIRECTOR ADDRESS: 305 DUKE ST. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CANDACE E CLARY TITLE: DIRECTOR ADDRESS: 305 DUKE ST. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	JAY CREECH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12001 SEVERN HILLS LANE		
CITY/ST/ZIP/CO:	CLIFTON, VA 20124		
NAME:	SALLY HARPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 W ROSEMONT AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22301		
NAME:	CHRISTOPHER HEINZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9 MUSTER DRIVE		
CITY/ST/ZIP/CO:	STAFFORD, VA 22554		
NAME:	DAVID HELGERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	640 SOUTH 24TH ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202		
NAME:	MATTHEW HERRINGTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	STEPTOE & JOHNSON		
CITY/ST/ZIP/CO:	1330 CONNECTICUT AVE NW WASHINGTON, DC 20036		
NAME:	KATHLEEN JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	222 N. FAIRFAX ST.		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	DAVID KIERNAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	209 S FAIRFAX ST		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	BRIAN LOCKETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3109 34TH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20008		
NAME:	HELEN MORRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 CAMERON ST.		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	CARROLL ROBERTSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	702 W ABDINGDON CT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	MARIE SCHULER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	508D SOUTH VAN DORN		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Alan McCurry DIRECTOR 206 South Union Street ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joe Bondi DIRECTOR 122 Lynhaven Dr ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A Bawazir DIRECTOR 3023 Bromley Ct Woodbridge, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TOM TUTTLE	TOM TUTTLE, ASST SECRETARY	6/10/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			